Attention:

Updates have been added to this workshop material.

Click on the buttons below to view the updates.

- View Update: Slide 6: New definition of Purpose Code M
- View Update: Addition of Purpose Code E (PC E) information
- View Update: Addition of Purpose Code M (PC M) information
- View Update: Slide 31: BICAP/CPAP - Should NOT be included in this field
2008
LONG TERM CARE
NURSING FACILITY AND
HOSPICE WORKSHOP

WORKBOOK
THE TEXAS MEDICAID & HEALTHCARE PARTNERSHIP PRESENTS:

2008
LONG TERM CARE
NURSING FACILITY & HOSPICE WORKSHOP

Agenda

- Medicaid Team Roles
- National Provider Identifier (NPI)
- Purpose of Forms 3619 and 3618
- MDS Assessment
- Medical Necessity
- Reporting Medicaid Waste, Abuse, Fraud

Medicaid Team Roles

- Texas Medicaid & Healthcare Partnership (TMHP)
- Health and Human Services Commission (HHSC)
- Department of Aging and Disability Services (DADS)
- Centers for Medicare & Medicaid Services (CMS)
National Provider Identifier (NPI)

- NPI is a required field for forms 3618, 3619, and section W for MDS submissions.
- To obtain an NPI:
  - [https://nppes.cms.hhs.gov/NPPES](https://nppes.cms.hhs.gov/NPPES)
- Inform DADS of your NPI:
  - [www.dads.state.tx.us/providers/hipaa/index.html](http://www.dads.state.tx.us/providers/hipaa/index.html)
- Effects of NPI on Claims filing:
  - Electronic
    - TexMedConnect
    - Third-Party Software
  - Paper
    - 1290 Claim Form

Definitions

- **MDS**: Minimum Data Set.
- **LTCMI**: Long Term Care Medicaid Information. Is the replacement for the Federal MDS Section S and contains items for Medicaid state payment. Once your MDS Assessments have been transmitted to the State MDS Database, TMHP will extract all assessments and assign a DLN. The assessment will be placed in a Pending LTCMI status.
- **CMS**: Centers for Medicare & Medicaid Services.
- **RUG**: Resource Utilization Groups.

Definitions (cont.)

- **Purpose Code M**: Purpose code for retroactive Medicaid assessment. A client may become eligible for Medicaid after the provider knowledge. Once the provider is notified of the client's Medicaid eligibility status, they can submit the assessment or do a modification to a previous assessment adding the client's Medicaid number and completing a new LTCMI S1e with M as the purpose code.
- **A45a**: Reason for Assessment.
- **R2b**: Date RN Assessment Coordinator signed as complete.
- **AB1**: Date of Entry.
- **Late Assessment**: An assessment received on day 123 is considered late. The previous RUG for that client has expired as of day 123.

The definition of Purpose Code M has been revised:

Purpose Code M – a MDS submitted if three months prior to application is granted after the client is certified for Medicaid. When there is an application for Medicaid the client’s financial eligibility is considered and reviewed based on the month of application. If the client is determined to be Medicaid eligible, the worker does a consideration on the 3 months prior to the application to determine if the client may have been financially eligible at an earlier date. The Purpose Code M was designed to allow the provider to submit a MDS Purpose Code M to cover those 3 months so the payment could be made at a RUG value rather than the default PCE rate. The retroactive Medicaid is shown on the MESAV as a TP 14 Coverage Code P or TP 11/TP 12 which are retroactive TP13 SSI coverage.
Definitions (cont.)

- **Missed Assessment**: A missed assessment is an assessment not received within the 92 days of the dates that the assessment covers.
- **Pre-admission Screening and Resident Review Screening (PASARR)**: Is based on a revised MDS quarterly with additional state specific information. The screening must be submitted to TMHP via the LTC Online Portal for all residents with mental illness (MI), mental retardation (MR) or related condition (RC), prior to admission.
- **Resident Assessment Validation and Entry (RAVEN)**: Free MDS data entry software that offers users the ability to enter and transmit assessments to the State MDS Database. This software is available for download at http://www.qtso.com/ravendownload.html

Purpose of Form 3619

Medicare Coinsurance

- Provide information to Medicaid for the Elderly and People with Disabilities (MEPD) worker about the status of a Medicare Coinsurance applicant or individual.
- Provide DADS with information to initiate, close, or adjust Medicare skilled coinsurance payments.
  - The dates of qualifying stay are tracked by DADS.

When and Where to Submit Form 3619

- Submit Form 3619
  - Medicare Coinsurance
    - Admission
    - Discharge
- Method of submission
  - LTC Online Portal
- MDS Discharge and Re-entry Forms are not extracted to the LTC Online Portal.
Purpose of Form 3618

Full Medicaid Payment

- Inform MEPD worker about transactions and status changes.
- Provide DADS with information to initiate, close, or adjust provider payments.

When and Where to Submit Form 3618

- Submit Form 3618
  - Admission
  - Discharge
  - Death

- Method of submission
  - LTC Online Portal

- MDS Discharge and Re-entry Forms are not extracted to the LTC Online Portal.

Forms 3619 and 3618 Review

[Diagram showing the process for different types of payers and days of stay for submitting Forms 3619 and 3618.]
Types of MDS Assessments

- Assessments submitted to the State MDS Database include:
  - Admission
  - Annual
  - Quarterly
  - Significant Change in Status
  - Significant Correction to Full Assessment
  - Significant Correction to Quarterly
  - Inactivation
  - Modification
- MDS Discharge and Re-Entry forms are used by MDS but are not extracted to the LTC Online Portal. The 3618 and 3619 are used by the State for Medicaid processing.

Purpose Code E (PC E)

- Form 3652-A PC E functionality is available until 8/31/2009 to allow providers to submit a PC E for gaps prior to 9/01/2008.
  - The PC E must be submitted within 365 days from the last uncovered day.
  - Texas Index Level of Effort (TILE) training is required for a 3652-A PC E.
    • TILE training is available until 8/24/2009.
  - LTC Online Portal submission required.

TMHP Website Security

- Administrator account required:
  - TMHP Strongly recommends that providers have multiple Administrator Accounts.
- Provider can establish user accounts for each provider/contractor number.
- A single user ID can have both a NF/Waiver Programs and a Long Term Care account.
- Allows one contract number to be shared across multiple users.
- Allows secure access to web functions.
Which web portal account do I need?

- The NF/Waiver Programs account is used to submit 3618, 3619, LTCMI, PASARR, Medical Necessity and Level of Care Assessments.
  - It cannot be used to access TexMedConnect.
- The Long Term Care account is used to access TexMedConnect (for submitting claims, accessing R&S Reports, performing MESAVs, etc.) and to submit Hospice Forms 3071 and 3074.

Long Term Care Medicaid Information (LTCMI)

- LTCMI is the replacement for the Federal MDS Section S and contains items for Medicaid state payment.
- Providers must access the LTC Online Portal and retrieve their MDS Assessment to successfully complete the LTCMI.

Long-Term Care Medicaid Information (LTCMI)

- S1. Claims Processing Information
  - S1a, S1b. DADS Vendor/Site ID Number, Contract/Provider Number
  - S1c. Service Group
  - S1d. Hospice Contract Number (required if Hospice Care is indicated in Section P1.)
The following information has been added after this slide:

PURPOSE CODE E (PC E )

There typically are four situations when a Minimum Data Set (MDS) Purpose Code E (PC E )

1. TILEs to RUGs Conversion Gap. A PC E must be used to fill the gap if the TILE was allowed to expire prior to the date when the Resource Utilization Group (RUG) was started during the conversion from the TILEs to RUGs. Depending on how long it took to establish the RUG, this gap could be from one to 92 days. When a TILEs to RUGs conversion gap occurs, payment for the gap period (ranging to no more than 92 days) will be paid at the PC E default rate. To fill the gap, submit an off-cycle MDS Quarterly Assessment including the Long Term Care Medicaid Information (LTCMI) by completing:
   - the S1e field on the LTCMI completed as the PC E ;
   - the Missed Assessment Start Date (S1f); and
   - the Missed Assessment End Date (S1g).

2. RUG Gap. Once the client has been established as a RUG client, a PC E will be needed if the next MDS assessment submission completely misses the anticipated assessment quarter. Each R2b establishes a 92-day period (R2b + 91 days), so the next assessment should be completed and submitted within the 92-day anticipated MDS assessment quarter following the 92-day span of the current MDS assessment.
   - DADS will stop payment following 31 days after the first 91 days from the R2b for the current assessment, unless the next MDS has continued the cycle.
   - The next MDS assessment will not be considered missed if it has an R2b date within the anticipated MDS assessment quarter and the LTCMI is completed on the LTC Online Portal within 91 days of the new MDS assessment R2b date.
     - If the new MDS assessment is submitted within the anticipated quarter and the LTCMI is completed within 91 days of the new R2b date, the gap following the 31 days and prior to the new R2b date will automatically be filled. The calculated RUG rate will be paid for the entire period in this situation.
     - If the new MDS is not submitted within the anticipated quarter or the LTCMI is not completed within 91 days of the R2b date, a gap will be created following the 31 days until the R2b date of the new assessment. Payment for this gap will be made at the PC E default rate. To fill the gap, submit an off-cycle MDS Quarterly Assessment including the LTCMI by completing:
       - the S1e field on the LTCMI completed as the PC E ;
       - the Missed Assessment Start Date (S1f); and
       - the Missed Assessment End Date (S1g).

3. Missed Admission MDS. If a new client is admitted to the facility and the admission assessment is submitted more than 91 days after R2b of that admission assessment, the admission assessment will have to be submitted as a PC E. Payment for this gap will be made at the PC E default rate. Submit the admission assessment including the LTCMI by completing:
   - the S1e field on the LTCMI completed as the PC E ;
   - the Missed Assessment Start Date (S1f); and
   - the Missed Assessment End Date (S1g).

4. Late LTCMI for MDS Admission Assessment. Any LTCMI that is completed more than 91 days after the R2b date of that admission assessment will require a PC E. Payment for this gap will be made at the PC E default rate and should be submitted with:
   - the S1e field on the LTCMI completed as the PC E ;
   - the Missed Assessment Start Date (S1f); and
   - the Missed Assessment End Date (S1g).
The following information has been added prior to this slide:

### PURPOSE CODE M (PC M)

**Definition** - Purpose Code M – a MDS submitted if three months prior to application is granted after the client is certified for Medicaid. When there is an application for Medicaid the client’s financial eligibility is considered and reviewed based on the month of application. If the client is determined to be Medicaid eligible, the worker does a consideration on the 3 months prior to the application to determine if the client may have been financially eligible at an earlier date. The Purpose Code M was designed to allow the provider to submit a MDS Purpose Code M to cover those 3 months so the payment could be made at a RUG value rather than the default PCE rate. The retroactive Medicaid is shown on the MESA V as a TP 14 Coverage Code P or TP 11/ TP 12 which are retroactive TP13 SSI coverage.

**How to complete a PC M** - To fill a period approved by the provider for dates prior to the application the provider has two options:

- Submit an off-cycle MDS quarterly assessment including the Long Term Care Medicaid Information (LTCMI) by completing:
  - The S1e field on the LTCMI completed as the PC M
  - The start date of the approved prior period (S1f); and
  - The end date of the approved prior period (S1g)

- Modify an earlier MDS that has not been used for the Medicaid cycle and complete the LTCMI as a PC M by completing:
  - The S1e field on the LTCMI completed as the PC M
  - The start date of the approved prior period (S1f); and
  - The end date of the approved prior period (S1g)

### LTCMI (cont.)

- **S2. PASARR Information**
  - S2a – S2e. If any one is YES, PASARR required.
  - S2f & S2g. Assist with locating any previously submitted PASARR.

### LTCMI (cont.)

- **S3. Physician’s Evaluation & Recommendation**
  - S3a. Do you have plans for the eventual discharge of this client.
  - S3b. Rehabilitative Potential.
  - S3c. I certify that this individual requires nursing facility services or community based alternative services under supervision of MD/DO.
LTCMI (cont.)

- S3d. MD/DO Last Name (required).
- S3e. MD/DO License Number
- S3e1. MD/DO License State
- S3f. MD/DO Military Spec Code#
  - S3d & S3e. are used in combination to determine mailing address as indicated on the BME (Board of Medical Examiners) for the purposes of mailing MN Determination Letters.

LTCMI (cont.)

- S4. Licenses
  - S4a – S4b. RN Coordinator Last Name/License are required
    - Texas State University RUG training required.
      - www.txstate.edu/continuinged/programs/RUG-Training.html
  - S4b1. RN Coordinator License State

LTCMI (cont.)

- S5. Primary Diagnosis & Associated Medications
  - S5a. Primary Diagnosis ICD-9
**S6. Therapeutic Interventions**

- **S6a. Tracheostomy Care (required)**
- **S6b. Ventilator/Respirator is dependent on P1al. Ventilator or Respirator.**
  - If P1al. is indicated, then S6b. is required.
  - If P1al. is not indicated, then S6b. is optional.
  - **BICAP/CPAP** “should be included in this field.”

**S8. Recipient Address**

- **S8a – S8d. Required; used to send communication letters.**

**S9. Medications**

- **S9(1.) Medication Name and Dose Ordered.**
- **S9(2.) RA (Route of Administration).**
- **S9(3.) Freq (Frequency).**
- **S9(4.) PRN-n (as necessary).**

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This bullet has been revised to state:

**BICAP/CPAP** - should NOT be included in this field.
LTCMI (cont.)

- S10. Comments
  - Communicate anything of significance that has not been captured on the assessment instrument.

Pre-admission Screening and Resident Review (PASARR)

- PASARR is:
  - A federal mandate that requires Texas to screen all persons suspected of having mental illness (MI), mental retardation (MR) or related condition (RC), before they are admitted into a certified nursing facility.
  - Used to determine if the recipient could benefit from specialized services.
- Per the PASARR regulations, if a recipient has only diagnoses of MI, MR, or RC and there are no medical conditions for which a nurse is required, the recipient does not meet the criteria of medical necessity for admission into facility.

PASARR Screening

- The PASARR Screening is based on the Quarterly MDS with additional state specific information required in the LTCMI section.
- PASARR Screenings utilize historical information, if applicable.
- A PASARR Screening is required prior to submission of an initial admission if the admission indicates mental illness, mental retardation or a related condition.
PASARR Screening (cont.)

- Nursing facilities are responsible for PASARR Screening submissions.
- PASARR Screenings must be submitted via the LTC Online Portal.
- TMHP reviews the PASARR Screening and renders a Medical Necessity Determination.
- LTCMI field S4b RN License # is validated to ensure RUG training requirements have been met.
- TMHP generates PASARR approval and denial letters to the client and physician.

Form 3071

- Used by hospice providers to notify DADS of a recipient’s voluntary election or cancellation/update of the Hospice Program.
- Used to update changes or provide status of the hospice recipient’s condition.

Form 3074

- Certifies that the recipient has a diagnosis of six months or less to live if the illness runs its normal course.
- Combined with Form 3071, establishes enrollment for the Medicaid Hospice Program.
- Also used for Medicare Hospice recipients.
Current Hospice Resident

- Nursing Facilities should use the current MDS cycle for hospice recipients.
- If a significant change has occurred then a Significant Change in Status Assessment should be completed including the hospice provider number in the LTCMI, and P1ao indicated.
- Section P Field 1ao “Hospice Care” should be indicated on the next MDS due and the Hospice contract number in the LTCMI should be completed.
- Hospice providers can view MDS Assessments submitted on their behalf, if the hospice contract is indicated in the LTCMI.

Definition of Medical Necessity

“Medical Necessity is the determination that a recipient requires the services of licensed nurses in an institutional setting to carry out the physician’s planned regimen for total care. A recipient’s need for custodial care in a 24-hour institutional setting does not constitute a medical need. A group of health care professionals employed or contracted by the state Medicaid claims administrator contracted with HHSC makes individual determinations of medical necessity regarding nursing facility care. These health care professionals consists of physicians and registered nurses.”

- TAC 19.101 #72

Medical Necessity Determination Process

- Assessments are reviewed by TMHP nurses within 3 business days of a successfully submitted LTCMI or PASARR Screening.
- Assessments may remain in pending denial up to 21 calendar days. During this time additional pertinent medical information may be submitted for review.
- If an assessment is denied Medical Necessity (MN), additional information must be received within 14 calendar days of date on denial letter.
Medical Necessity Determination Process

TMHP Approves AM

TMHP nurse reviews assessment to determine medical necessity

Pending Denial

Nursing Facility provides additional information

Nursing Facility does not call

TMHP nurse approves

TMHP physician approves

TMHP physician approves

TMHP physician approves

Resident’s physician provides additional information

assessment approved

assessment denied

The Resident has the right to appeal

MDS NF Assessment Submission

Provider submits assessment to the State CMS Database

TMHP Extraction Process retrieves appropriate assessments and places them on the LTC Online Portal

Pending LTCMI

Provider adds LTCMI on the LTC Online Portal

Form Submitted

MDS MN Workflow Begins Here

Sequencing of Forms & Assessments

- New Resident:
  - Submit a 3618 Admit by day 3.
  - Complete an Admission MDS Assessment by day 14.
  - Complete a Quarterly Assessment within 92 days of the initial MDS unless an SCSA was completed prior to this.

- Current Resident admitted to Hospice:
  - Submit a 3618 Discharging the resident to Hospice Care.
  - If resident meets Federal criteria submit a Significant Change in Status Assessment MDS.
    - Indicate Hospice Care in P1a.o.
    - Std. Hospice contract number must be completed on the LTCMI.
    - Hospice provider submits 3071 and 3074 form.
Sequencing of Forms & Assessments (cont.)

- Resident Returns (Prior discharge Return Not Anticipated):
  - Follow new resident submission.

- Resident Returns (Prior discharge Return Anticipated):
  - Submit a 3618 by day 3.
  - If previous MDS Assessment has not expired and the resident has not had a change in condition no additional assessment is required.
  - If previous MDS Assessment has expired complete the next scheduled assessment OR if change in condition submit a SCSA.

Helpful Hints

- LTC Online Portal has 24/7 availability to submit and track forms and assessments.
- Ensure all MDS Assessment submissions include an accurate Medicaid ID to assist with eligibility validation.
- A current Admission 3618 or 3619 tracking form must be on file with TMHP to complete the MDS LTCMI assessment.
- Submit a 3618 Admission on the LTC Online Portal prior to completing the LTCMI. The system validates an active admission tracking is in the system to allow the provider to complete the MDS LTCMI information on an assessment.

Helpful Hints (cont.)

- MDS submissions are extracted and made available on the LTC Online Portal.
- Providers should wait at least an hour prior to search Form Status Inquiry or Current Activity for newly submitted MDS Assessments as they are not real time extracts.
- All RN and MD/DO licenses are validated against the Texas Board license files for successful submission.
- All RN licenses are validated against the Texas State University RUG Training database for successful submission.
Submission of MDS Assessments

- Submit to State MDS Database.
- Validate the acceptance of the MDS Assessment into the State MDS Database using report from CMS.
- Access LTC Online Portal to complete a Form Status Inquiry (FSI) or Current Activity search to find the submitted MDS Assessment.
- Complete the Long Term Care Medicaid Information and submit.
  - The MDS assessment must include a completed LTCMI and be accepted by the LTC Online Portal.
- Periodically review the status of MDS Assessments for medical necessity determination and Medicaid processing using FSI or Current Activity.

Types of Portal Submissions

- LTC Online Portal Submission:
  - Long Term Care Medicaid Information (LTCMI)
  - PASARR Screening
  - Correction Request only for LTCMI
  - Forms 3618, 3619, 3071, and 3074
  - 3652-A Purpose Code E only
  - Inactivations (3618, 3619, PASARR)

FSI

- Form Status Inquiry (FSI) is a search tool that allows providers to access their forms and assessments to research, review, and complete their forms.
- Providers must logon to the LTC Online Portal to access the FSI.
- The FSI provides a status of submitted forms and assessments and allows providers to access their assessments to complete the LTCMI.
Providers must log onto the LTC Online Portal to access current activity.

Providers have the ability to view form and assessment submissions or status changes performed within the last 14 calendar days.

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Entering LTCMI
- Nursing Facilities submit MDS Assessments through RAVEN or another third party software package, directly to the State MDS Database.
- TMHP extracts assessments which meet the extraction criteria.
- The assessment is processed onto the LTC Online Portal and assigned a Document Locator Number and given a status of Pending LTCMI.
- Provider must log onto the LTC Online Portal and access their assessment through FSI or Current Activity.
- The LTCMI must be completed before submission with all required data.
- The assessment is then available for Medical Necessity Determination.

Entering PASARR
- The PASARR Screenings are submitted directly on the LTC Online Portal by the provider and assigned a DLN.
- The PASARR Screening is reviewed for Medical Necessity Determination.
- Providers can log onto the LTC Online Portal and access their PASARR through FSI or Current Activity for status information.
Portal: Entering PASARR

MDS Corrections
- NF Providers submit all MDS Corrections to the State MDS Database.
- Corrections allowed by the Federal CMS are extracted by TMHP for processing.
- TMHP places the original assessment in a corrected status and gives the new assessment a DLN creating a Parent/Child DLN relationship.
- The assessment is placed in Pending LTCMI status.
- Provider must access the LTC Online Portal to retrieve the new assessment and complete the LTCMI.
- PASARR Screening corrections are not allowable. If a PASARR Screening is incorrect the provider must inactivate the PASARR and resubmit.

3618 and 3619 Corrections
- NF Providers must submit 3618 and 3619 Form corrections directly on the LTC Online Portal.
- 3618 and 3619 corrections are allowed for the following fields:
  - First Name
  - Middle Initial
  - Address
  - Date of above Transaction
  - Comments
  - State Board License Number
  - Signature Date
- TMHP places the original form in a corrected status and gives the new form a DLN creating a Parent/Child DLN relationship.
Portal: Corrections

NF Providers submit all MDS Modifications to the State MDS Database.

Modifications are extracted by TMHP for processing.

The original status changes to corrected and is given a relative DLN creating a Parent/Child DLN relationship.

The assessment is placed in Pending LTCMI status.

Provider must access the LTC Online Portal to retrieve the new assessment and complete the LTCMI.

Inactivations

NF Providers submit all MDS Inactivation Requests to the State MDS Database.

TMHP extracts the MDS Inactivation Request from the CMS database for processing.

TMHP automatically inactivates the LTCMI for any MDS successfully inactivated.

PASARR Screening, 3618 and 3619 Inactivations must be submitted directly on the LTC Online Portal.

Once the Inactivation is submitted and accepted the form or PASARR is set to inactive status and is unavailable for any further action.
Providers can retrieve the status of their MDS Assessments by accessing FSI or Current Activity on the LTC Online Portal.

- **Medical Necessity (MN) Approved** - Assessment has been reviewed and approved by TMHP. No further action by provider is required.
- **Pending LTCMI** - Awaiting LTCMI information. Provider must retrieve the assessment, enter required data on LTCMI tab, and submit information.
- **Pending Medicaid Eligibility** - The system is verifying recipient’s Medicaid eligibility. No further action by provider is required.

- **Medicaid Eligibility Confirmed** - Recipient’s Medicaid eligibility has been confirmed for the dates of service submitted. Provider must submit/update all required assessments and forms.
- **Pending Denial** - The form or assessment has been placed in a pending denial status for up to 21 days. The provider should contact TMHP or additional comments through the LTC Online Portal.
Portal: Retrieving Assessments and Forms

- Providers can retrieve assessments and forms by performing an:
  - FSI- Retrieves specified form or assessment types for any period of time.
  - Current Activity- Retrieves any form or assessment type as long as it falls within the last 14 calendar days.
- These options allow for viewing of forms and assessments previously submitted.
- The results displayed allow providers to determine appropriate actions based on the status.

Letters

- TMHP generates letters to the Medicaid client and physician.
- Providers are able to search and view the following letters on the LTC Online Portal:
  - Client Denial Letter
  - Doctor Denial Letter
  - Client Overturn Denial Letter
  - Doctor Overturn Denial Letter
  - Client Overturn Approval Letter
  - Doctor Overturn Approval Letter
  - PASARR MN Approval Letter

Major Points to Remember

- MDS cycle is based on the physical admission of the client regardless of the payor source.
- Assessments are due at a minimum of 92 days rather than every 180 days.
- Hospice clients do not require separate assessments for payment. If a significant change in their physical condition has occurred then a SCSA would be appropriate.
- Permanent MN is established based on the begin date (R2B) of the first assessment after the 184th day of assessments with Medicaid eligibility.
- Form 3619 tracks the Full coverage days also. Full Medicare is service code 3A.
Resources

- Federal CMS:
  http://www.cms.hhs.gov
- Forms and Instructions:
  http://www.tmhp.com/LTC%20Programs
- Texas State University RUG Training:
  http://www.txstate.edu/continuinged/programs/RUG-Training.html

What is Medicaid Fraud?

1-800-436-6184

An intentional deceit or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Reminders

- Access your Form Status Inquiry/Current Activity.
- Print forms and assessments prior to submission.
- Call TMHP when your assessment is pending denial or submit additional information via the LTC Online Portal.
- Refer to your Quick Reference Guide.
- Use the TMHP website at:
  http://www.tmhp.com/LTC%20Programs
Questions and Answers

Thank you for attending.
Provider Inquiry System

1) Enter website address http://ausmis31.dhs.state.tx.us/cmsmail/PIHome.html to display the following:

2) Click Enter
3) The Provider Inquiry Screen displays.

*NOTE: Screen indicates the **TILE Value and TILE Purpose Code**. Providers must enter the RUG value in the comments field.
Creating Administrator Account on TMHP.com

Thank you for visiting the Texas Medicaid & Healthcare Partnership's (TMHP) Internet website for the Texas Medicaid Program. As of January 1, 2004, ACS State Healthcare LLC, under contract with the Texas Health and Human Services Commission (HHS), assumed administration of Medicaid claims processing and the Medicaid primary care case management services program. ACS meets its new consolidated Medicaid responsibilities with a team of subcontractors under the name of TMHP.

To selective publications available on this site, you needed Adobe Reader to available as a box downloaded from Adobe's website. Click the Adobe link to go to the download page.

I would like to:

Activate my Account

Attach an NPI

Access Provider Enrollment

Use your existing TMHP.com account. To create an account, choose Activate My Account above, and then select Provider Enrollment.

Access TrimAppConnect

For NPI claims filing, status, and appeals; client eligibility; RBS reports

Access LTC Online Portal

View Paid Claims Detail Report

View Panel Report

Verify Client Eligibility

all providers can currently verify eligibility using TrimAppConnect

View Chart of Funds reports

Search/Extend an Existing Prior Authorization

Submit a Prior Authorization

Look for a Provider

• Select the Activate my Account link from the “I would like to…” section of the TMHP home page.
Click the Create a provider/vendor administrator account to continue.

- Long Term Care providers will need the following items to create their account:
  - Vendor number (4 digits).
  - Contract number (9 digits).
  - Vendor password (you may contact TMHP for assistance).
Select the Provider Type:

- The NF/Waiver account is used to submit 3618, 3619, LTCMI, PASARR, Medical Necessity and Level of Care Assessments; it cannot be used to access TexMedConnect.
- The Long Term Care account is used to access TexMedConnect (for submitting claims, accessing R&S Reports, performing MESAVs, etc.) and to submit Hospice Forms 3071 and 3074.

Provide all of the following information:

- Provider Number:
- Formerly known as Contract Number:
- Vendor Number:
- Formerly known as EDI Logon:
- Vendor Password:
- Formerly known as Medicaid password

Provide the requested information and proceed to complete the Account Activation process.
- Provide the requested information and proceed to complete the Account Activation process.
- Check the box at the bottom of the screen to indicate agreement to the General Terms and Conditions.
- Click the Create Provider Administrator button to create your user ID.
Access the My Account screen to administer your user account and to access any of the functions on the LTC Online Portal or TexMedConnect.
Form Status Inquiry

1. Log onto the LTC Online Portal.
2. Click **Form Status Inquiry** from the LTC Online Portal Navigation screen.
3. Select the Type of Form from the drop down options
4. Provide data for all required fields.
5. Narrow search results by providing specific criteria.
6. Select **Search**.
Current Activity

1. Log onto the LTC Online Portal.
2. Select **Current Activity** from the LTC Online Portal Navigation screen.
3. The screen will display a summary of all forms and assessments submitted within the last 14 calendar days.
4. Select the link of the requested form or assessment for review.
Form 3619

1. Log onto the LTC Online Portal.
2. Select Submit Form.
3. Select Type of Form 3619.
4. The template of the form you have selected will appear on the screen.
5. Enter client information using the client’s SSN, Medicaid recipient number, and/or First and Last Name.
6. Click Submit Form.
Form 3619 - Paper

For visual aid only. Form must be submitted on the LTC Online Portal.

Medicare/SNF Patient Transaction Notice

<table>
<thead>
<tr>
<th>1. Medicaid Recipient No.</th>
<th>2. Social Security No.</th>
<th>3. Medicare or RR Retirement Claim No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Name of Recipient (Last, First, Middle)</td>
<td>- Enter first two letters of last name in far left positions.</td>
<td></td>
</tr>
<tr>
<td>5. Address (if known), Preadmission or Post Discharge Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. DADS Vendor No.</td>
<td>7. Contract No.</td>
<td>8. Service Group</td>
</tr>
<tr>
<td>9. NPI Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10 – Transaction

- □ 1 – Admission From
- □ 2 – Discharge To

Location

- □ 1 – Hospital
- □ 2 – Nursing Facility
- □ 3 – Full Medical Coverage
- □ 4 – Home
- □ 5 – Institution
- □ 6 – Other/ Unknown

- □ 3 – Deceased
- □ 4 – Correction

11. Date of Above Transaction

12. Dates of Qualifying Stay

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
</tbody>
</table>

13. Comments:

15. I certify that, to the best of my knowledge, the date in Item 11 (Date of Above Transaction) is for services provided, and the date is not included in the 100% Medicare Part A reimbursement time frame.


Signature–Administrator                      Date
Form 3618

1. Log onto the LTC Online Portal.
2. Select Submit Form.
3. Select Type of Form 3618.
4. The template of the form you have selected will appear on the screen.
5. Enter client information using the client's SSN, Medicaid recipient number, and/or First and Last Name.
6. Click Submit Form.
Form 3618 - Paper

For visual aid only. Form must be submitted on the LTC Online Portal.

Texas Department of Aging and Disability Services

Resident Transaction Notice

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medicaid Recipient No.</td>
<td>2. Social Security No.</td>
<td>3. Medicare or RR Retirement Claim No.</td>
</tr>
<tr>
<td>4. Name of Recipient (Last, First, Middle) – Enter first two letters of last name in far left positions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Address (if known), Preadmission or Post Discharge Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. DADS Vendor No.</td>
<td>7. Contract No.</td>
<td>8. Service Group</td>
</tr>
<tr>
<td>9. NPI Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10 – Transaction

- □ 1 – Admission From
- □ 2 – Discharged To

Discharge Type

- □ A - Return Not Anticipated
- □ B - Return Anticipated
- □ C - Prior To Completing Initial Assessment

Location

- □ 1 – Hospital
- □ 2 – Nursing Facility
- □ 3 – Community ICF-MR
- □ 4 – Medicare/SNF
- □ 5 – Home
- □ 6 – State Institution
- □ 7 – Hospice
- □ 8 – Private Pay
- □ 9 – Other/Unknown

If newly admitted from hospital, enter date: __________________________

Date of Physical Admission to Private Pay: __________________________

☐ 3 – Deceased

☐ 4 – Correction

11. Date of Above Transaction

12. Comments:

14. I certify that, to the best of my knowledge, the date in Item 11 (Date of Above Transaction) is for services provided, and the date is not included in the 100% Medicare Part A reimbursement time frame.

13. State Board License No.

Signature-Administrator Date
MDS NF Provider Assessment Submission

MDS NF Provider Submission

Provider submits assessment to the State CMS Database

TMHP Extraction Process retrieves appropriate assessments and places them on the LTC Online Portal

Pending LTCMI

Provider adds LTCMI on the LTC Online Portal

Form Submitted

MDS MN Workflow Begins Here
Long Term Care Medicaid Information (LTCMI) Submission

1) Provider selects FSI search for recent activity.

2) After clicking “View Detail” navigate to the LTCMI tab.
3) Complete the LTCMI for all required data and click “Submit Form” button.

4) After all form errors are reviewed and resolved by the provider, a DLN will be associated with the assessment.
1. Log onto the LTC Online Portal.
2. Click on FSI or Current Activity.
3. Search for MDS Assessment using the client’s SSN, Medicaid recipient number, and/or First and Last Name.
4. Click View Detail.
5. Click on the LTCMI tab.
6. Provide all required data.
7. Click Submit Form.
8. Select the print option under Form Actions to print the completed assessment.
Pre-admission Screening and Resident Review (PASARR)

1. Log onto the LTC Online Portal.
2. Click **Submit Form**.
3. Select **Type of Form**: PASARR.
4. Click **Enter Form**.
5. Provide all required data.
6. Click on all section tabs and enter the information requested. All tabs must be completed.
7. Click **Submit Form**.
8. Select the print option under Form Actions to print the completed PASARR Screening.
Corrections

Correction to LTCMI:
1. Log onto the LTC Online Portal.
2. Click on FSI or Current Activity.
3. Search for Assessment in any status using the client’s SSN, Medicaid recipient number, and/or First and Last Name.
4. Click View Detail.
5. Click Correct This Form.
6. Make the change, and submit. A child DLN to the original form is created.
7. Select the print option under Form Actions to print the completed assessment.

Correction to 3618 or 3619:
1. Log onto the LTC Online Portal.
2. Click on FSI or Current Activity.
3. Search for 3618 or 3619 using the client’s SSN, Medicaid recipient number, and/or First and Last Name or DLN.
4. Click View Detail.
5. Click Correct This Form.
6. Make the change, and submit. A child DLN to the original form is created.
7. Select the print option under Form Actions to print the completed form.
1. Log onto the LTC Online Portal.
2. Click on FSI or Current Activity.
3. Search for the PASARR Screening, 3618, or 3619 using the client SSN/Medicaid recipient number or the form’s DLN.
4. Click View Detail.
5. Click on Inactivate Form.
# Form 3071

## Actions
- Print
- Save as Draft

### 3071 Recipient Election/Cancellation/Discharge Notice

#### Provider Information
- **TEST PROVIDER CM2**
  - PO BOX 149039
  - AUSTIN, TX 787148000

#### Recipient Information
- **Medicaid Number**
- **Last Name**
- **Address**
  - **City**
  - **State**
  - **Zip**
- **SSN**
- **First Name**

#### Name of Facility
- **County Code**

### Transaction Information
- **Form Type**
- **From**
- **To**
- **Setting**
- **Medicare Part A**

### All Terminal Diagnoses - List All Terminal Illnesses
- **Diagnosis Code**
- **Description**

### Comments

### Hospice Information
- **Hospice Name**
- **Contact Number**
- **Hospice Phone Number**
- **Address**
  - **City**
  - **State**
  - **Zip**

### Physician Information
- **Physician First Name**
- **Physician Last Name**
- **State License No.**
- **Date of Orders**

### Signatures
- **Hospice Rep First Name**
- **Hospice Rep Last Name**
- **Date Signed**
- **Is Client Signature on File?**
- **Client Date Signed**

[Submit Form]
Form 3071 - Paper
For visual aid only. Form must be submitted on the LTC Online Portal.

Texas Department of Aging and Disability Services
Texas Medicaid Hospice Program
Recipient Election/Cancellation/Discharge Notice
Form 3071
July 2008

1. Form Type
[ ] 1 = Election  [ ] 2 = Update  [ ] 3 = Correction  [ ] 4 = Cancel
5. Setting
[ ] 1 = Home  [ ] 2 = NF  [ ] 3 = Hospital  [ ] 4 = Hospice Inpatient Unit  [ ] 5 = ICF/MR-RC  [ ] 6 = SNF
[ ] Medicare Part A
[ ] Yes  [ ] No
6. Medicaid Part A

2. Cancel Code
3. From (MMDDYYYY)
4. To (MMDDYYYY)

7. Name of Applicant/Recipient (Last, First, Middle)
8. Medicaid No.
10. Date of Birth (MMDDYYYY)

11. Name of Facility/Provider and Address of Applicant/Recipient (Street, City, State, ZIP)
12. County

All Terminal Diagnoses — List all Terminal Illnesses

13. ICD-9 Code

Provider Information

17. Comments

18. Hospice Name
20. Area Code and Telephone No.

21. Hospice Address (Street, City, State, ZIP)

22. Attending Physician’s Name
23. State License No.
24. Date of Orders (MMDDYYYY)

Attach copies of the attending physician’s signed certification that the recipient may have six months or less to live and, if appropriate, the proof of Medicare Part B coverage only. Submit the original of this form immediately, along with the aforementioned documents, to the Texas Medicaid and Healthcare Partnership (TMHP) in Austin. Send copies of this form to: (1) the local DADS Community Care for Aged and Disabled (CCAD) eligibility worker, (2) the local HHSC Medicaid eligibility worker, and (3) the nursing facility or intermediate care facility serving persons with mental retardation or a related conditions (ICF/MR-RC) (if appropriate). Keep a copy for your files.

25. Name of Hospice Representative (please type or print)
26. Signature — Hospice Representative
27. Date (MMDDYYYY)

Client’s Declaration

I understand that I may receive Medicaid hospice services such as physician care services, nursing care services, medical social services, counseling services, home health aide services, therapy services, medical appliances and supplies, drugs and biologicals, volunteer services, inpatient services, respite services and other services related to the treatment of my terminal condition for which hospice care was elected.

I waive other Medicaid services related to the treatment of my terminal illness(es). I do not waive Medicaid services unrelated to the treatment of my terminal illness(es). I waive only those Medicaid services that are also provided by Medicare.

I understand that I must elect the Medicare and Medicaid hospice programs when I am dually eligible for both Medicare and Medicaid benefits.

I understand that I may cancel and re-elect the Medicaid Hospice Program at any time without any penalties.

I understand the difference between palliative and curative care.

Declaramiento del cliente

Entiendo que puedo recibir servicios de hospicio de Medicaid tales como atención de un médico, enfermería, servicios sociales médicos, orientación, servicios de salud en casa de un auxiliar, servicios de terapia, equipo y provisiones médicos, medicinas y productos biológicos, servicios de voluntarios, hospitalización, servicios de relevo y otros servicios relacionados con el tratamiento de la enfermedad mortal que padezco y para la cual escogí el programa de hospicio.

Renuncio a los otros servicios de Medicaid relacionados con el tratamiento de mi enfermedad mortal. No renuncio a los servicios de Medicare no relacionados con el tratamiento de mi enfermedad mortal. Sólo renuncio a aquellos servicios de Medicaid prestados también por Medicare.

Entiendo que si lleno los requisitos para beneficios de Medicaid y de Medicare, debo escoger el programa de hospicio tanto en el uno como en el otro.

Entiendo que puedo cancelar mi decisión de escoger el Programa de Hospicio de Medicaid y que luego puedo volver a escogerlo en cualquier momento sin ninguna sanción.

Entiendo la diferencia entre la atención curativa y la atención paliativa.

28. Signature — Client/Firma—Client
29. Date (MMDDYYYY)/Fecha (mes/día/año)
## Form 3074

### LTC Online Portal Submission

### TMHP Nursing Facility/Hospice Workshop Manual

#### Form 3074 - LTC Online Portal Screen

<table>
<thead>
<tr>
<th>Actions</th>
<th>Print</th>
<th>Save as Draft</th>
</tr>
</thead>
</table>

#### 3074 Physician Certification of Terminal Illness

**Provider Information**

**TEST PROVIDER CM1**

P.O. BOX 149002

AUSTIN, TX 78714-0000

**Recipient Information**

<table>
<thead>
<tr>
<th>Medicaid Number</th>
<th>SSN</th>
<th>Medicare Number</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

#### Certification Information

**Election/Start**

**Recertification**

**Cert/Recert Date**

#### Hospice Information

<table>
<thead>
<tr>
<th>Hospice Provider</th>
<th>Contract Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Verbal Verification (within two days of election date)**

<table>
<thead>
<tr>
<th>Verbal Verification</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

**Certification/Recertification Physician Signatures**

<table>
<thead>
<tr>
<th>Attending Physician</th>
<th>Attending Physician</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License Type</th>
<th>State of TX Lic Num</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State License</th>
<th>Hospice Physician</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License Type</th>
<th>State of TX Lic Num</th>
</tr>
</thead>
</table>

**Exclusion Statement**

<table>
<thead>
<tr>
<th>Exclusion Statement</th>
<th>Exclusion Statement</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is Signature On File</th>
<th>Date Signed</th>
</tr>
</thead>
</table>
Form 3074 - Paper

For visual aid only. Form must be submitted on the LTC Online Portal.

Texas Medicaid Hospice Program

Physician Certification of Terminal Illness

1. Hospice Provider Name

2. Contract No.

3. Provider Address (Street or P.O. Box, City, State, ZIP)

4. Correction (check if applicable)

5. Recipient Name (Last, First, Middle)

6. DADS Medicaid No.

7. Medicare No.

8. Social Security No.

9. Election/Start Date

10. Check Appropriate Box and Enter Date (MMDDYYYY)

☐ Certification

☐ Recertification

11. Recipient Address (Street or P.O. Box, City, State, ZIP)

In order to provide Medicaid/Medicare hospice coverage beginning on the recipient's election date, the recipient's terminal condition must be verified within two days of the Medicaid/Medicare Hospice Election Date as evidenced by either the physician(s) signature(s) and date(s) in the certification section or by a verbal verification by the hospice staff. When a verbal verification is obtained, a member of the hospice staff must sign and date the verbal verification statement within two days of election; the physician(s) then must sign and date the certification within the six-month terminal illness time frame that the physician is certifying. If these requirements are not met, no payment can be made prior to the certification date (date signed by physician).

Note: For recertifications, only one physician's signature and date is required.

Verbal Verification (within two days of election date)

I certify that on the date signed a verbal verification was obtained from a physician licensed in the state of Texas or on duty with the U.S. military confirming that the recipient identified above is terminally ill with a medical prognosis of six months or less to live, if the illness runs its normal course.

13. Date Signed (MMDDYYYY)

12. Signature–Hospice Staff

Certification/Recertification

I certify that I am a physician licensed in the state of Texas or a physician on duty with the U.S. military and that the recipient identified above is terminally ill with a medical prognosis of six months or less to live, if the illness runs its normal course.

16. Check Appropriate Box and Enter Number

☐ State of Texas License No.


17. Date Signed (MMDDYYYY)

14. Print Name of Attending Physician (Last, First)

15. Signature–Attending Physician

18. Print Name of Hospice Physician (Last, First)

19. Signature–Hospice Physician

The physician member of the hospice AND the recipient's attending physician must BOTH sign and date the certification statement, unless the recipient does not have an attending physician separate from the hospice physician. In that case, a member of the hospice staff must sign the exclusion statement below.

Exclusion Statement

I certify that the recipient identified above DOES NOT have an attending physician separate from the hospice physician.

23. Date Signed (MMDDYYYY)

22. Signature–Hospice Staff
1. Log onto the LTC Online Portal.
2. Select **Letters** from the LTC Online Portal Navigation screen.
3. Provide all requested information.
4. Select the requested search option.
Workshop Evaluation

Workshop City: ______________________________________________________________________
Workshop Date: ______________________________________________________________________
Presenter 1: __________________________________________________________________________
Presenter 2: __________________________________________________________________________

Please use the following scale to answer the following questions:

1  Strongly Disagree
2  Somewhat Disagree
3  Somewhat Agree
4  Strongly Agree

Please consider only your experience with the workshop attended:

1. The workshop enhanced my understanding of:
   a. The benefits of the LTC Online Portal.     1   2   3   4
   b. The requirements for entering all forms and assessments on the
      LTC Online Portal.        1   2   3   4
   c. Available resources for assistance.      1   2   3   4

2. The information presented was clear and concise.     1   2   3   4

3. I feel confident in my ability to apply the information presented.   1   2   3   4

4. The printed materials provided are useful.      1   2   3   4

5. The presenters were effective and engaging.       1   2   3   4

6. The presenters answered questions clearly and completely.    1   2   3   4

7. The workshop city was conveniently located.     1   2   3   4

8. The workshop facility was clean and well maintained.     1   2   3   4

9. Overall, I was satisfied with the workshop.      1   2   3   4

Please let us know what topics you would like more information on.
___________________________________________________________________________________
___________________________________________________________________________________

Please provide any additional comments on your experience at this workshop.
___________________________________________________________________________________
___________________________________________________________________________________

If you would like to be contacted by a TMHP Provider Representative, please provide your contact information.

Name: _____________________________________________________________________________

Provider Name and Provider Identifier: ________________________________________________

Address: __________________________________________________________________________

Email: _____________________________________________________________________________

Telephone Number: _________________________________________________________________

Long Term Care Nursing Facility and Hospice Workshop